

TRAVEL, CONFERENCE, AND MEALS REIMBURSEMENT FORM – ATTACH ORIGINAL RECEIPTS

Name _____ Account # _____
 Address _____ Account # _____
 _____ Account # _____
 _____ Account # _____
 Name & Place of Field Activity _____ Account # _____

For Federal Grant Reimbursement - Purpose of the Trip and Grant Identification (attach Conference agenda):

I certify that these expenses were actually incurred by me in conducting School Department business.

Signature of the Employee
 Requesting Reimbursement: _____
 Superintendent's Approval
 Signature: _____

Da
 te: _____
 Approval
 Date: _____

**** Maximum Per Diem Meals and Incidental Expenses - \$49.00**

*****REQUIRES PRIOR APPROVAL FOR INDIVIDUALS NOT EMPLOYED BY BURLINGTON SCHOOL DISTRICT**

Date of travel:	Individual Names (Other individuals you paid expenses for and are requesting reimbursement)***	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL:
Breakfast include tips –Limited to \$9.00 per person**									
Lunch include tips –Limited to \$13.00 per person**									
Dinner include tips –Limited \$24.00 per person**									
Hotel									
Taxi, Bus									
Plane, Train Explain 1st Class									
Baggage									
Automobile Mileage - \$.51 cents/ mile									
Incidental Expenses - \$3.00**									
TOTAL:									